



Your workforce experts.

State Of South Dakota
Division of Labor And Management
Wage and Hour Division
700 Governors Drive
Pierre, South Dakota 57501-2291

(605) 773-3682
Fax: (605) 773-4211

CLAIM OF UNPAID WAGES

Your claim will not be processed if this form is incomplete, is illegible, or if documentation is not attached. Send this completed form to the address above.

The South Dakota Department of Labor cannot pursue claims for any wages other than cash wages. Do not include claims for overtime, vacation pay, bonuses, deductions, profit sharing, severance, etc.

PRINT OR TYPE ALL ENTRIES

EMPLOYEE INFORMATION

Employee Name: _____
First Middle Last

Employee Mailing Address: _____
Number & Street City State Zip

Employee Driver's License Number: _____

Employee Date of Birth: _____

Employee Phone Numbers: _____
Home Cell Other

EMPLOYER INFORMATION

Employer/Business Name: _____

Address of business: _____
Number & Street City State Zip

Employer/Business Phone Numbers: _____
Home Cell Fax

Name(s) of Business Owner(s): _____

Address of Business Owner(s): _____
Number & Street City State Zip

Other Business(es) owned by this business or business owner(s): _____

List the names, position, and address of all people in supervision who had the authority to make decisions about your pay:

Name	Position:	Address (Number, Street, City, State, & Zip)
Name	Position:	Address (Number, Street, City, State, & Zip)

Addresses where work was performed. Use separate page if necessary:

Number & Street	City	State	Zip
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Address where employer maintains payroll and personnel records, if different from above.

Number & Street	City	State	Zip
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While you were working, was this employer serving as a subcontractor? Yes ☐ No ☐

If Yes, name and address of general contractor:

Name	Address (Number, Street, City, State, & Zip)
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Employer is (Check one):

Partnership ☐

Individual Proprietorship ☐

Corporation ☐

Don't know ☐

If the Employer is a Corporation, complete the following, if you know:

Corporate Address:

Number & Street	City	State	Zip
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Name of Resident Agent	Number & Street	City	State	Zip
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Name of President	Number & Street	City	State	Zip
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Name of Secretary	Number & Street	City	State	Zip
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Name of Treasurer	Number & Street	City	State	Zip
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Name of Corporate Manager	Number & Street	City	State	Zip
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TERMS OF EMPLOYMENT

Did you work under written contract: Yes ☐ No ☐ If Yes, attach copy

Type of work performed: _____

Your specific job title: _____

Start date of employment with Employer: _____

End date of employment with Employer: _____

How did employer compute your pay? By the: Hour ☐ Week ☐ Two weeks ☐ Month ☐

If you were paid by the piece or by commission explain: _____

At the time of your unpaid wages, what was your rate of pay? _____

How many days were in your pay period? _____

What was the last day of your pay period? _____

What was your payday? _____

If you are a member of a labor union, provide the name and address of local, national, or international union. _____

Are you still working for this Employer? Yes ☐ No ☐

If No, did you: Quit? ☐ Get Fired? ☐ Laid Off? ☐

Explain:

WAGES CLAIMED

Total dollar amount you are claiming

(Use the attached Wages Claimed Schedule):

Gross:

Net:

Period of time for which you claim you were not paid:

Start

End

Did your Employer deduct any amount from your wages as payment for child support or some other debt?

Yes ☐

No ☐

If Yes, explain, on a separate sheet of paper, in detail the specifics of this deduction and attach any documentation necessary.

Did you receive any payroll advances?

Yes ☐ No ☐

If yes, how much? _____

Do these advances offset wages that you claim are owed?

Yes ☐ No ☐

Have you demanded payment? Yes ☐ No ☐ If yes, when? _____

Did the employer agree to pay you? Yes ☐ No ☐ If yes, how much? _____ When? _____

Did the employer pay part of your demand? Yes ☐ No ☐ If yes, how much? _____

What reason did your employer give for not paying your wages? _____

Your employer does not have to give you your final paycheck until you have returned all property of employer in your possession. Can/Will Employer make a claim that you have not returned all of Employer's property? Yes ☐ No ☐

Explain Details: What did Employer promise to pay you that was not paid? How did you calculate the amount you claim you are owed? Is there a property dispute?

WITNESSES TO YOUR CLAIM:

If witnesses SAW or HEARD conversations or other events that support your claim that the wages were promised but not paid, list those witnesses:

Name	Position	Address
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Name	Position	Address
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If anyone in management knew or acknowledged that you are entitled to receive wages, list their names and position and corporate title and addresses

Name	Position	Address (Number, Street, City, State, & Zip)
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Name	Position	Address (Number, Street, City, State, & Zip)
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Documentation Of Your Unpaid Wages

You must attach copies of all evidence you have to support your claim for unpaid wages. Indicate below which documents you are submitting to support your claim. Be aware that you may be required to produce the originals of any documentation you allege supports your claim.

- ☐ 1. Time Cards
- ☐ 2. Shift Schedules
- ☐ 3. Attendance Rosters
- ☐ 4. Log Books
- ☐ 5. Personal Time Records
- ☐ 6. Payroll Check Stubs
- ☐ 7. Copies of Bad Checks (NSF)
- ☐ 8. Other Evidence of Payment of Wages
- ☐ 9. W-2 Statements or Other Tax Forms
- ☐ 10. Employee Handbook
- ☐ 11. Written Wage Agreements
- ☐ 12. Statements from witnesses, other than a relative, who have direct knowledge regarding the hours worked and the wage agreement (including daytime telephone number).
- ☐ 13. Career Center Job Order
- ☐ 14. Newspaper Job Advertisement
- ☐ 15. Any other documents that support your employment and amount of wages.

You must complete the Release of Information on the next page.

RELEASE OF INFORMATION: (REQUIRED)

I DO HEREBY AUTHORIZE THE EMPLOYEES OF THE SOUTH DAKOTA DEPARTMENT OF LABOR TO RELEASE THIS INFORMATION TO ANY PERSON INCLUDING THE EMPLOYER HEREIN TO AUTHENTICATE AND TO COLLECT THIS CLAIM.

I DO HEREBY SWEAR OR AFFIRM THAT THE FOREGOING AND ATTACHED INFORMATION IS THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT IF I HAVE FALSIFIED THE AMOUNT DUE ME OR IF I INTENTIONALLY ATTEMPT TO DEFRAUD THE EMPLOYER I HAVE COMMITTED A CLASS 2 MISDEMEANOR AND MAY BE PROSECUTED FOR SUCH CRIME.

Signature of Employee named above:

_____ Date: _____

Full name of Employee named above (print): _____

WAGES CLAIMED SCHEDULE

PAYROLL WEEK ENDING DATE	NUMBER OF HOURS WORKED THIS WEEK	NUMBER OF DAYS WORKED THIS WEEK	RATE OF PAY(SHOW WHETHER BY HOUR, DAY, WEEK, OR MONTH	TOTAL GROSS* WAGES EARNED THIS WEEK	GROSS WAGES PAID TO YOU THIS WEEK	DIFFERENCE BETWEEN GROSS WAGES EARNED & GROSS WAGES PAID TO YOU THIS WEEK	IF WAGES WERE PAID BY CHECK(S) NOT HONORED ENTER THE CHECK NUMBERS(S)
						\$	
TOTAL AMOUNT DUE						\$	

*Gross wage is the amount before taxes or other monies are deducted.